

Application Data Sheet

Application Information

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Title::	Anonymous Reporting and Rewarding System and Method
Attorney Docket Number::	1713973
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity::	Yes
Petition included?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Robert
Middle Name::	
Family Name::	TEBERG
Name Suffix::	
City of Residence::	Crystal Lake
State or Province of Residence::	Illinois
Country of Residence::	United States
Street of mailing address::	P.O. Box 1421
City of mailing address::	Crystal Lake
State or Province of mailing address::	Illinois
Country of mailing address::	United States

Postal or Zip Code of mailing address:: 60039-1421

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: KAUSER
Name Suffix::
City of Residence:: Crystal Lake
State or Province of Residence:: Illinois
Country of Residence:: United States
Street of mailing address:: P.O. Box 1421
City of mailing address:: Crystal Lake
State or Province of mailing address:: Illinois
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 60039-1421

Correspondence Information

Correspondence Customer Number:: 24240
Name:: John R. Crossan
Street of mailing address:: Chapman and Cutler LLP,
111 West Monroe Street,
16th Floor
City of mailing address:: Chicago
State of mailing address:: Illinois
Postal or Zip Code of mailing address:: 60603-4080
Telephone:: 312/845-3420
Fax Number:: 312/803-5299

Representative Information

Representative Customer Number:: 24240

Domestic Priority Information

Application:: This Application
Continuity Type:: An application claiming the
benefit under 35 USC 119(e)
Parent Application:: 60/427,806
Parent Filing Date:: 11/20/02

Foreign Priority Information

Country::
Application Number::
Filing Date::
Priority Claimed::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::